

Integrated Community Case Management Rapid Access Expansion Programme

Lessons from scaled, multi-context iCCM implementation



Institutionalizing integrated community
case management (iCCM) to end
preventable child deaths

Addis Ababa

22-26 July 2019

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Global **Malaria** Programme



World Health
Organization



Presentation Outline

- Background
- Objectives and Programme Implementation
- Results
- Key Lessons learned



- In 2016 there were 5.6 million deaths of children under five globally
- More than half of child deaths (53%) occurred in sub-Saharan Africa
- 30% of those deaths were from malaria, pneumonia and diarrhoea
- Coverage of life saving interventions, especially in sub-Saharan Africa is still low due to inaccessible or poor quality of care.



Rapid Access Expansion Programme (RAcE)

WHO-Global Malaria Programme, funded by Global Affairs Canada (2012 – 2018) to:

1. Contribute to the reduction of child mortality by increasing access to treatment for common childhood illnesses in five African countries; and
2. Stimulate policy updates and catalyze scale-up of iCCM.



- **Country selection criteria:**
 - high disease burden;
 - enabling policy; and
 - potential for scale-up.
- **NGO selection and review:**
 - independent Project Review Panel.
- **Target under-5 population:**
 - 1.5 million children
- **Community health workers trained and deployed:**
 - almost 8 500

Country	Geographic scope	CHWs trained	Children covered
Democratic Republic of the Congo	Tanganyika Province	1 732 (Volunteer)	150 000
Malawi	8 Districts	1 192 (Salaried)	386 802
Mozambique	4 Provinces	1 470 (fixed stipend)	319 250
Niger	4 Districts	1 426 (Volunteer)	230 833
Nigeria – Abia State	15 LGAs	1 351 (Volunteer)	407 057
Nigeria – Niger State	6 LGAs	1 320 (Volunteer)	
		8 491	1 493 942



Ministry of Health

- Overall leadership and establishment of iCCM programme standards; and
- Operations management and quality assurance.

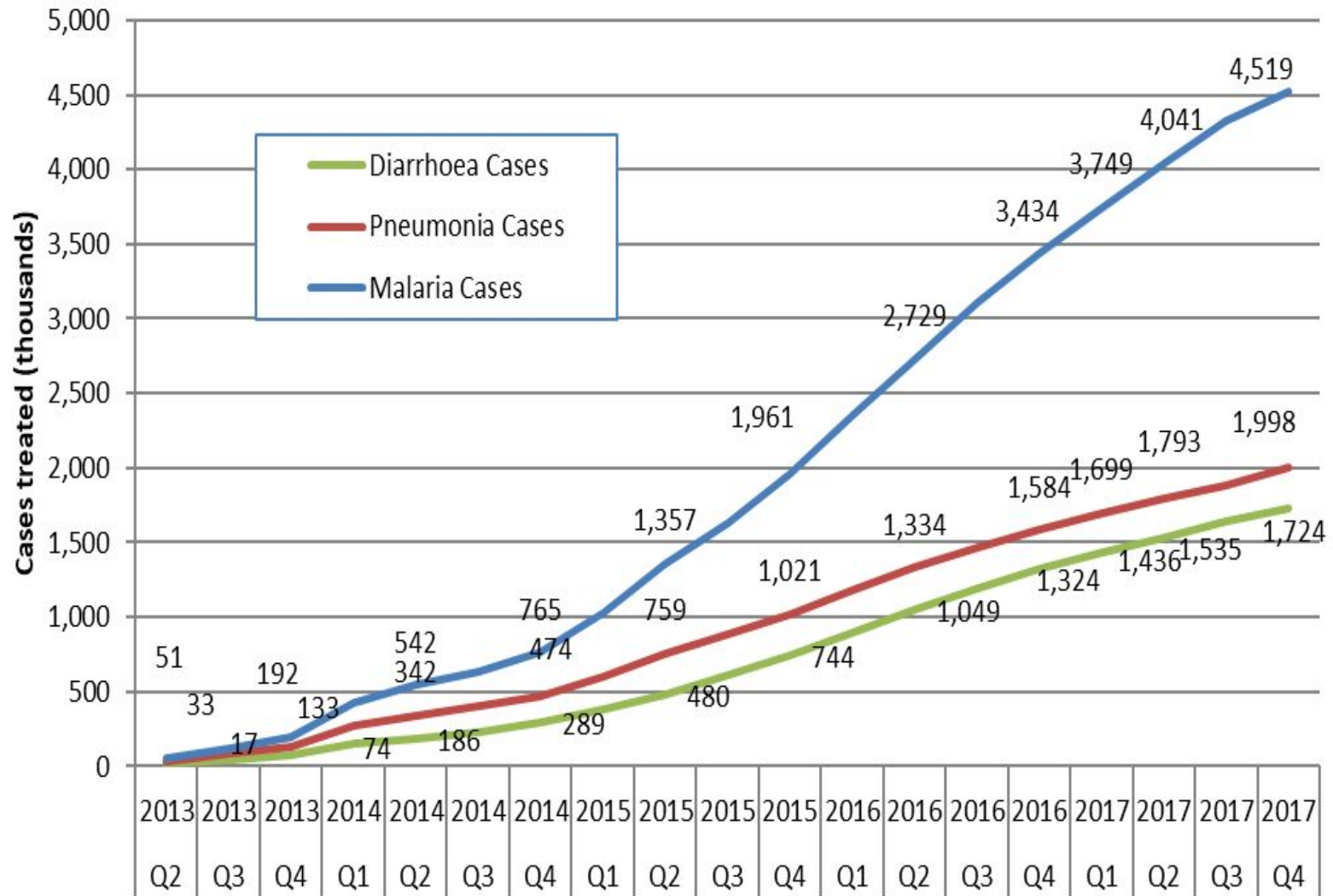
WHO

- Project management;
- Policy guidance and technical support for development of curriculum/ implementation guidelines and operations research;
- On-site supervision and quality assurance;
- Facilitate programme learning.

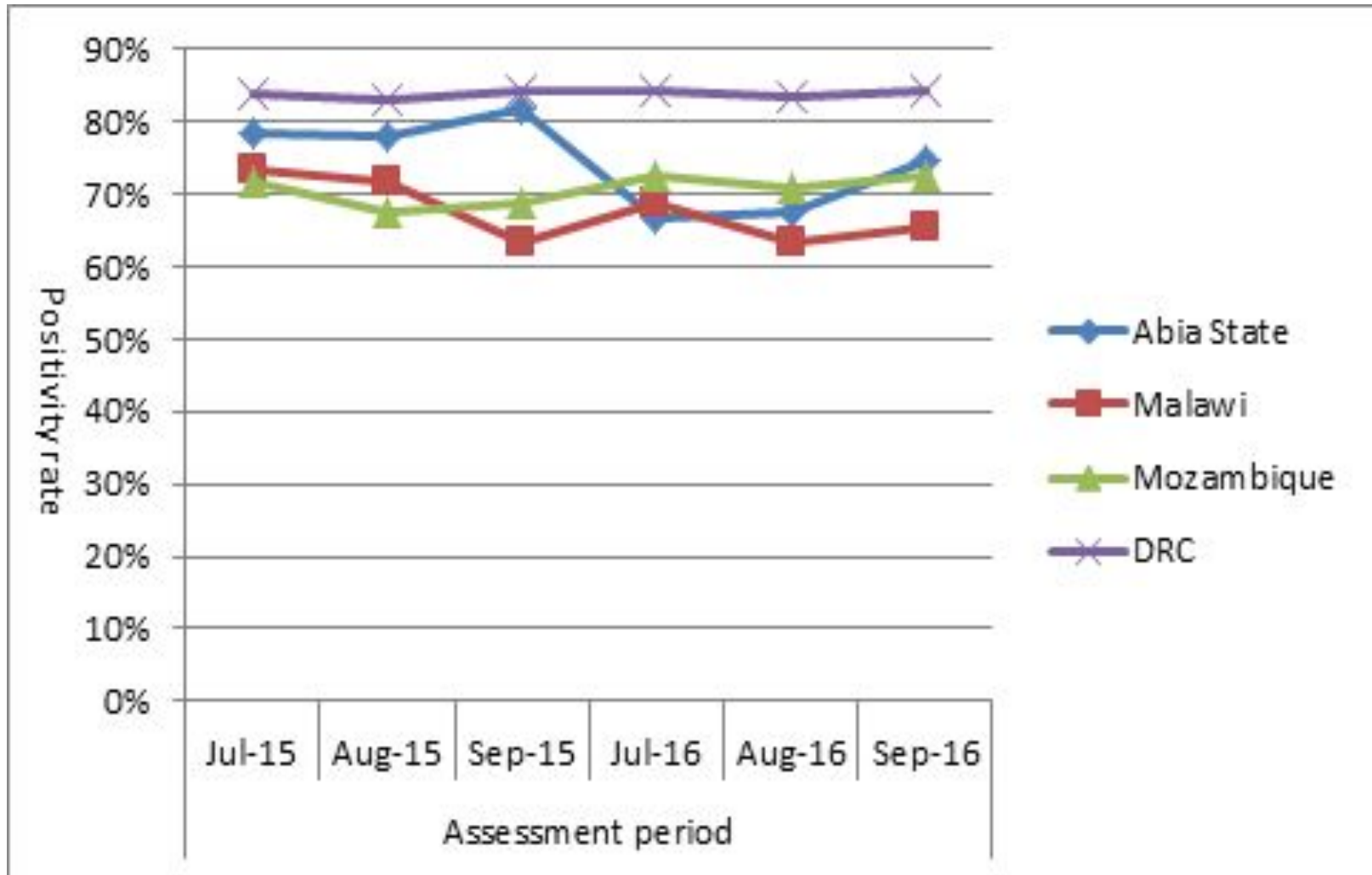
Implementing Partners (NGOs)

- Support for training, supervision, supply chain, M&E and community mobilization;
- Support for routine data collection and reporting results;
- Conducting baseline and end line surveys; and
- Conducting operations research and quality of care assessments.

Cases treated by RAcE-supported CHWs: 8.2+



Malaria positivity rates in RAcE sites





- Introduced iCCM in Niger and Nigeria
- Introduced/strengthened iCCM task forces in DRC, Mozambique, Niger and Nigeria
- Introduced amoxicillin (replacing cotrimoxazole) as first line antibiotic for treatment of pneumonia in DRC, Malawi and Niger
- Introduced malaria rapid diagnostic tests at community level in DRC, Malawi and Niger
- Introduced WHO *Caring for the newborn at home* training package in Malawi

List of papers published as RAcE Collection: Journal of Global Health June 2019 edition



1. Evidence of Impact: iCCM as a strategy to save lives of children aged under five.
2. Integrated community case management: Planning for sustainability in five African countries.
3. Effect of community-based interventions on improving access to treatment for sick under-five children in Niger State, Nigeria.
4. Improving access to appropriate case management for common childhood illnesses in hard-to-reach areas of Abia State, Nigeria.
5. Community engagement and mobilization of local resources to support integrated community case management of childhood illnesses in Niger State, Nigeria.
6. iCCM Data Quality: An approach to assessing iCCM reporting systems and data quality in 5 African countries.
7. Data Quality Assessments stimulate improvements in Health Management Information Systems: Evidence from five African countries.
8. Achievements and challenges of implementation in a mature iCCM program: Malawi Case Study.
9. Home visits by community health workers for pregnant mothers and newborns: coverage plateau in Malawi.
10. Barriers on the pathway to survival for children dying from treatable illnesses in Inhambane province, Mozambique.
11. Testing a simplified tool and training package to improve integrated community case management in Tanganyika province, Democratic Republic of The Congo.
12. A mixed-methods quasi-experimental evaluation of a mobile health application and quality of care in the integrated community case management program in Malawi.
13. Clinical evaluation of the use of an mHealth intervention on quality of care provided by community health workers in southwest Niger.

Assessment of quality of pneumonia case management through register review



- Review of grantee reports showed higher number of cases of pneumonia compared to expected incidence for a defined population.
- A structured register review was conducted in Nigeria to collect data directly from CORP registers.
- In Abia and Niger State Lot Quality Assurance Sampling (LQAS) methodology was used to determine the data needed to identify issues at the LGA level.

Pneumonia Indicator	Niger State	Abia State
% of cases of cough or difficult breathing of all cases	15% (369 / 2528)	49% (955 / 1969)
% of cases of cough or difficulty breathing with a high respiratory rate for their age	77% (204 / 264)	64% (615 / 955)
% of cases of pneumonia that received amoxicillin	95% (193 / 204)	98% (604 / 615)

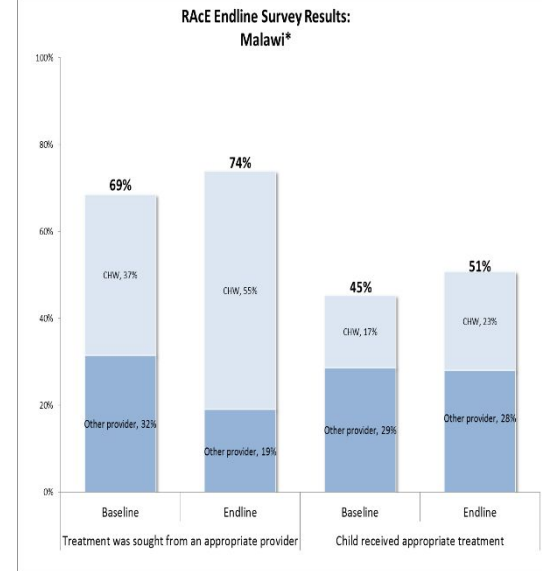
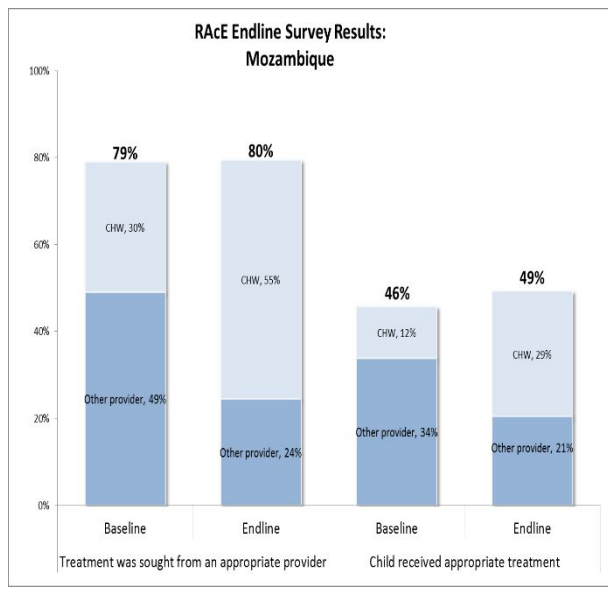
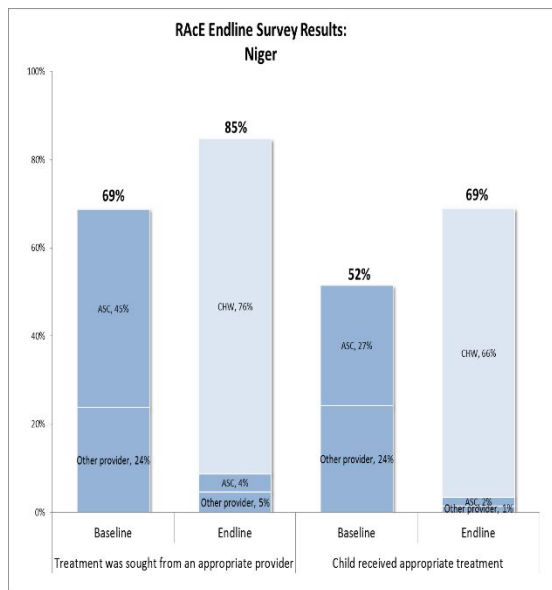
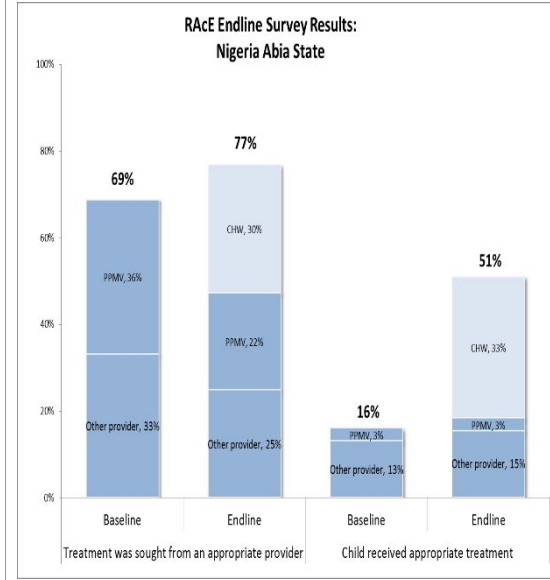
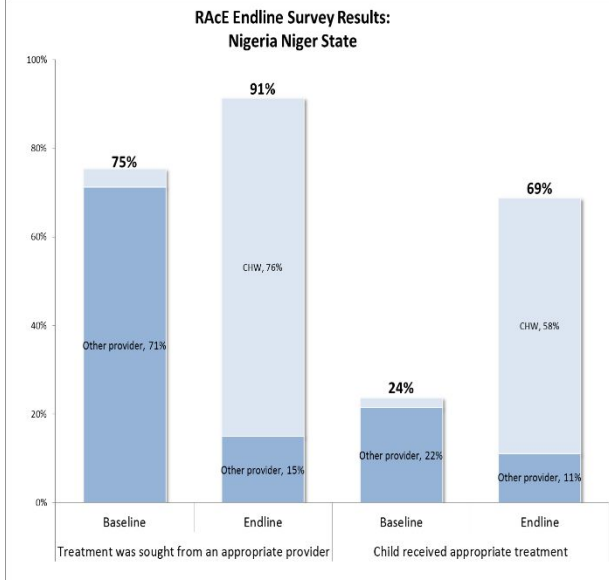
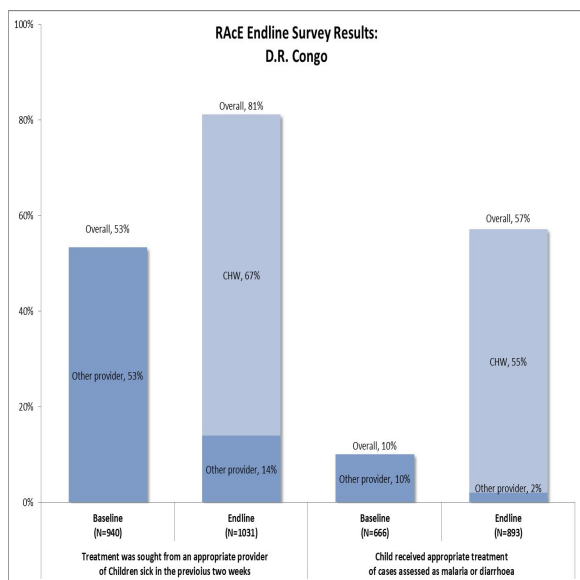
- The results demonstrated that the high number of pneumonia cases treated was due to CORPs over diagnosing cases two to three times the expected rates.



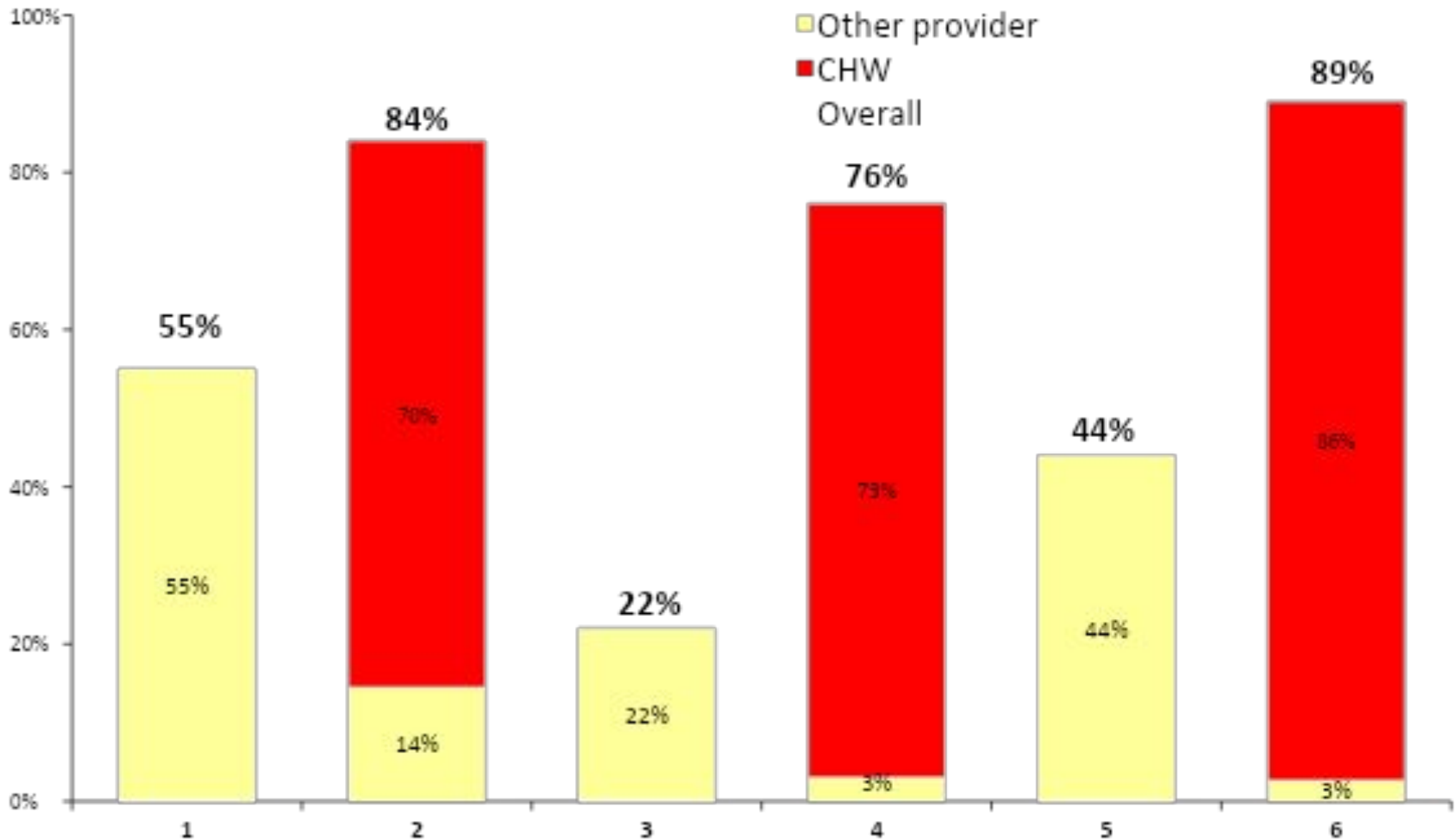
Results

1. Household survey - care seeking and treatment coverage
2. Evaluation of the plausible contribution of RAcE on decreasing child mortality

Endline Survey Results: Care seeking and treatment for malaria and diarrhoea



Management of Fever: DRC



Estimated lives saved by iCCM scale-up: 4938 (LiST analysis)



RACe Sites	Under-five mortality rate (deaths per 1,000 live births) 2013 and 2016	% change between 2013 and 2016	Lives saved through increases in intervention coverage	Estimated lives saved by CHW-provided treatment	% Lives saved by CHW treatment
DRC	121 to 103	18%	2182	1728	79%
Malawi	124 to 118	5%	4181	216	5%
Mozambique	94 to 94	0%	2811	0	0%
Niger	137 to 120	14%	2290	965	38%
Nigeria Abia	131 to 115	14%	1815	967	53%
Nigeria Niger	100 to 86	17%	1649	1062	64%

Total 4938

- Average 10% reduction in child mortality RACe supported sites
- Baseline data entered for 2013 and end line data for 2016 | Interpolated linearly from 2013 to 2016.
- Lives saved by malaria, pneumonia and diarrhoea treatments were adjusted proportionally to the percentage of cases treated by CHWs.



Availability

- The strength of the intervention lies in the availability of a trained, supplied, supervised CHW in the village when a child falls ill:
 - Malawi – non residency, limited service days, large service population
 - Mozambique: 80% preventive/promotive services, stockouts, kit system, push system, large service population

Community engagement is key for quality and sustained implementation

- Efforts to create community awareness in support of iCCM informs the population of the intervention only
- Community needs to be engaged from the planning stage for effective implementation



Availability of diagnostics and medicines

- Effective iCCM requires that quality commodities be supplied to CHWs reliably, promptly and in sufficient quantities
- Commodity forecasting for CHWs and health facility should be combined to avoid stock-outs
- Formulations, packaging should be similar for CHWs and health facility
- Replenishment should be consumption based
- No implementing partner parallel procurement and distribution system

Supervision is essential to delivering quality iCCM services

- Designated supervisor from the health facility contributes to quality of care, reporting and CHW motivation and serves as a critical connection between CHWs and the health system
- Ministries must budget and plan for supervision, including transportation, refresher training and supervisory health worker incentives
- Avoid parallel supervision system



Functional Referral System

- Cases with IMCI danger signs need inpatient care and need to be referred by CHWs to district/LGA hospitals
- District/LGA hospital should be ready to receive and manage cases referred from the community
 - Availability of trained staff
 - Availability of diagnostics and medicines
- Referral facility staff should be engaged in CHW trainings
 - Entertain CHW referral slips
 - Back refer to CHWs for community follow-up

Monitoring and Health Information System

- Health facility and CHW recording and reporting system should be harmonized – Challenge!
- No parallel reporting system from implementing partners
- Need to develop culture of use of information



Many thanks
for your kind attention

